

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Peter Davis, P.A.

Petition No. 981023-023-004

CONSENT ORDER

WHEREAS, Peter Davis of Lisbon, Connecticut (hereinafter "respondent") has been issued license number 000200 to practice as a physician's assistant by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 20-12b of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent admits that:

1. At various times in 1997 and 1998, he wrote prescriptions for himself, his wife, and his friends, using the names of Dr. Martin Maloney and Dr. Shrikant Deshpande for said prescriptions, without their knowledge or permission.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-12f.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-12f of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-12f of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent shall pay a civil penalty of seven hundred fifty dollars (\$750.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
3. Respondent is permanently prohibited from prescribing medications for himself, persons outside of his supervising physician's scope of practice, or his own family.
4. Respondent's license shall be placed on probation for a period of three years under the following terms and conditions:
 - a. Respondent shall participate in regularly scheduled therapy at his own expense with a licensed or certified therapist pre-approved by the Department (hereinafter "therapist").
 - (1) Respondent shall provide a copy of this Consent Order to his therapist.
 - (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.

- (4) The therapist shall submit reports monthly for the duration of probation which shall address, but not necessarily be limited to, respondent's ability to practice as a physician's assistant in an alcohol and substance free state safely and competently. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.
 - (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or her services.
- b. Respondent shall provide his employer at each place where respondent practices as a physician's assistant throughout the probationary period, with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide reports from such employer monthly for the duration of probation, stating that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state.
- c. For the duration of the probationary period, shall not prescribe any medications except on a form bearing the preprinted legend that the prescription is not valid unless signed by respondent's supervising physician. Each such form shall have a preprinted space for the signature of said supervising physician and shall bear sequential preprinted numbers. Respondent shall maintain a numerical file of copies of every prescription. The monthly employer's report shall specify whether all prescriptions have been signed by respondent's supervising physician and have been filed sequentially. Notwithstanding the foregoing, in the case of patients at

Stonington Institute, respondent shall prescribe only in accordance with procedures and protocols established by his supervising physician. The monthly employer's reports from Stonington Institute shall verify whether Respondent has complied with said procedures and protocols.

5. All correspondence and reports are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

6. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
7. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
8. Respondent shall pay all costs necessary to comply with this Consent Order.
9. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
- a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 9a above to demonstrate to the satisfaction of the

Department that he has complied with the terms of this Consent Order or, in the alternative, that he has cured the violation in question.

- d. If respondent does not demonstrate compliance or cure the violation by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
10. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a physician's assistant upon request by the Department, with notice to the Board for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation and to submit to and complete a medical, psychiatric and/or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that his failure to cooperate with the Department's investigation shall constitute an admission that his conduct constitutes a clear and immediate danger as required pursuant to the General Statutes of Connecticut, sections 4-182(c) and 19a-17(c).

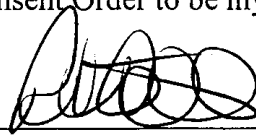
11. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of his license before the Board.
12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
13. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
14. Respondent understands this Consent Order may be considered as a public document and evidence of the above admitted violations in any proceeding before the Board in which his compliance with this Consent Order or with §20-12f of the General Statutes of Connecticut, as amended, is at issue.
15. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
16. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.
17. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

18. Respondent permits a representative of the Legal Office of the Bureau of Regulatory Services to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted.
19. Respondent understands and agrees that he is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which he is away from his residence.
20. Respondent has the right to consult with an attorney prior to signing this document.

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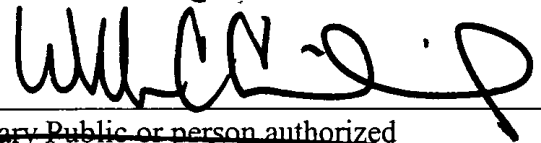
*

I, Peter Davis, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



Peter Davis

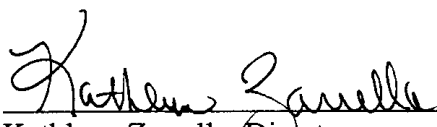
Subscribed and sworn to before me this 7th day of September 1999.



~~Notary Public or person authorized~~
~~by law to administer an oath or affirmation~~
Commissioner of the Superior Court

The above Consent Order having been presented to the duly appointed agent of the

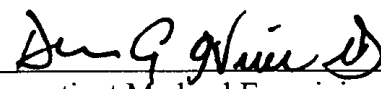
Commissioner of the Department of Public Health on the 9th day of September 1999.



Kathleen Zarrella, Director
Division of Health Systems Regulation

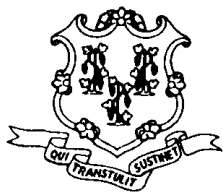
The above Consent Order having been presented to the duly appointed agent of the _____

on the 19th day of October 1999, it is hereby ordered and accepted.



Connecticut Medical Examining Board

dmt//davis
consent



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

November 25, 2002

Peter Davis, PA
5 Norr Street
Lisbon, CT 06351

Re: Consent Order
Petition No. 981023-023-004
License No. 000200
DOB: ~~REDACTED~~

Dear Mr. Davis:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective November 1, 2002.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Very truly yours,

A handwritten signature in cursive script, reading "Bonnie Pinkerton".

Bonnie Pinkerton, RNC
Division of Health Systems Regulation

cc: J. Filippone



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
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